

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90087 004 ****50.00

DOCUMENT # L95000000897

1. Entity Name
ARGON, L.C.



Principal Place of Business
64 VIA MIZNER, WORTH AVENUE
PALM BEACH, FL 33480

Mailing Address
64 VIA MIZNER, WORTH AVENUE
PALM BEACH, FL 33480



07062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0620272

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYER, COLETTE K ESQ.
1070 E. INDIANTOWN ROAD
SUITE 312
JUPITER, FL 33477

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FOSTER, LETA A
STREET ADDRESS 64 VIA MIZNER, WORTH AVENUE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE MGR
NAME FOSTER, RIDGELY M
STREET ADDRESS 64 VIA MIZNER, WORTH AVENUE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE -
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: x

Ridgely M Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #